

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

MONTHLY FINANCIAL REPORTING FORM

Submitted on 3/31/2004 2:12:37 PM

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1.	FOR THE MONTH ENDING: February 29, 2004
2.	Name: California Benefits Dental Plan
3.	File Number:(Enter last three digits) 933-0 308
4.	Date Incorporated or Organized: August 8, 1991
5.	Date Licensed as a HCSP: July 31, 1992
6.	Date Federally Qualified as a HCSP:
7.	Date Commenced Operation: August 1, 1992
8.	Mailing Address: 3611 S. Harbor Boulevard, Suite 150, Santa Ana, CA 92704
9.	Address of Main Administrative Office: 3611 S. Harbor Boulevard, Suite 150, Santa Ana, CA 92704
10.	Telephone Number: 714-540-4255
11.	HCSP's ID Number:
12.	Principal Location of Books and Records: 3611 S. Harbor Boulevard, Suite 150, Santa Ana, CA 92704
13.	Plan Contact Person and Phone Number: Valerie A. Clark 714-540-4255
14.	Financial Reporting Contact Person and Phone Number: Aaron A. Mishkin 714-540-4255
15.	President:* Valerie Anne Clark
16.	Secretary:* George Wallace Ripley, III
17.	Chief Financial Officer:* Robert John Plaza
18.	Other Officers:* Marcia Ina Cantor-Grable
19.	Michael Dean Heard
20.	Garry Prizzia
21.	
22.	Directors:* Aaron Avram Mishkin
23.	Susanne Shoch
24.	Janis Milroy
25.	
26.	
27.	
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31.	

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.




32. President	Valerie Anne Clark <i>(signature required (please type for valid signature))</i>
33. Secretary	George Wallace Ripley, III <i>(signature required (please type for valid signature))</i>
34. Chief Financial Officer	Robert John Plaza <i>(signature required (please type for valid signature))</i>
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35.	If this is a revised filing, check here and complete question 4 on Page 2: <input type="checkbox"/>
36.	If all dollar amounts are reported in thousands (000), check here <input type="checkbox"/>

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

MONTHLY FINANCIAL REPORTING FORM
SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	1,367,681
2. Short-Term Investments	
3. Premiums Receivable - Net	81,544
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	9,413
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	6,399
10. Aggregate Write-Ins for Current Assets	0
11. TOTAL CURRENT ASSETS (Items 1 to 10)	1,465,037
OTHER ASSETS:	
12. Restricted Assets	50,054
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	87,723
18. TOTAL OTHER ASSETS (Items 12 to 18)	137,777
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	
20. Furniture and Equipment - Net	930
21. Computer Equipment - Net	4,287
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	5,217
27. TOTAL ASSETS	1,608,031
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001.	
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Tax Benefit Receivable	83,968
1702. Cash Suspense	3,755
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	87,723
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	94,180	XXX	94,180
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)	6,637		6,637
4. Incurred But Not Reported Claims	22,372		22,372
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	613,378	XXX	613,378
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	94,390	0	94,390
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	830,957	0	830,957
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term	144,753	XXX	144,753
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	144,753	XXX	144,753
19. TOTAL LIABILITIES	975,710	0	975,710
NET WORTH			
20. Common Stock	XXX	XXX	10,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	870,880
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	-309,961
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	61,402
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	632,321
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	1,608,031
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Accrued Salaries	94,390		94,390
1102. Cash Suspense	0		0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	94,390	0	94,390
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Taxes Payable	0	XXX	0
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0	XXX	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Net Income	XXX	XXX	61,399
2502. Rounding Difference	XXX	XXX	3
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	61,402

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	175,906	348,242
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service	7,874	15,142
7. Point-Of-Service (POS)		
8. Interest	106	247
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	0	0
11. TOTAL REVENUE (Items 1 to 10)	183,886	363,631
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	55,141	111,596
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	2,822	12,348
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS		
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	0	0
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	57,963	123,944
Administration		
25. Compensation	21,998	68,967
26. Interest Expense		
27. Occupancy, Depreciation and Amortization	11,608	20,799
28. Management Fees	-9,849	16,747
29. Marketing	26,409	56,895
30. Affiliate Administration Services	-8,899	-8,899
31. Aggregate Write-Ins for Other Administration	6,247	23,779
32. TOTAL ADMINISTRATION (Items 25 to 31)	47,514	178,288
33. TOTAL EXPENSES	105,477	302,232
34. INCOME (LOSS)	78,409	61,399
35. Extraordinary Item		
36. Provision for Taxes	97	0
37. NET INCOME (LOSS)	78,312	61,399
NET WORTH:		
38. Net Worth Beginning of Period	554,008	570,922
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	78,312	61,399
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	1	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	632,321	632,321

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001.		
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301.		
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. General & Administrative Expenses	3,937	17,604
3102. Bad Debt Expense	910	3,372
3103. DMHC Assessment Fees and State & Local Taxes	1,400	2,801
3104. Rounding Differences	0	2
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	6,247	23,779
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801. Rounding Differences	1	0
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	1	0

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	165,564	380,472
2. Fee-For-Service	7,874	15,142
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	106	247
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-58,005	-120,094
8. Administration Expenses	-151,320	-355,933
9. Federal Income Taxes Paid	0	0
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	-35,781	-80,166
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments	0	1,144
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	0	1,144
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates	0	104,913
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates	-71,909	-71,909
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	1	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-71,908	33,004
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-107,689	-46,018
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	1,475,370	1,413,699
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	1,367,681	1,367,681
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	78,312	61,399
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	927	2,854
32. Decrease (Increase) in Receivables	-10,817	8,411
33. Decrease (Increase) in Prepaid Expenses	4,266	59
34. Decrease (Increase) in Affiliate Receivables	-6,399	-6,399
35. Increase (Decrease) in Accounts Payable	-22,017	-145,339
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	-42	3,850
37. Increase (Decrease) in Unearned Premium	475	23,819
38. Aggregate Write-Ins for Adjustments to Net Income	-80,486	-28,820
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-114,093	-141,565
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	-35,781	-80,166
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501. Rounding Difference	1	0
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	1	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. Tax Benefit/Receivable	97	0
3802. Cash Suspense	879	3,624
3803. Accrued Salaries	-81,462	-32,444
3898. Summary of remaining write-ins for Item 38 from overflow page	0	0
3899. TOTALS (Items 3801 thru 3803 plus 3898)	-80,486	-28,820

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE

TOTAL ENROLLMENT

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	5,709	167	370	5,506	5,506			0			0
2. Medicare Risk				0	0			0			
3. Medi-Cal Risk				0	0			0			
4. Individual	16,140	404	707	15,837	15,837			0		0	
5. Point of Service				0	0			0			
6. Aggregate write-ins for Other	2,105	19	42	2,082	2,082	0	0	0	0	0	
7. Total Membership	23,954	590	1,119	23,425	23,425	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group	2,105	19	42	2,082	2,082			0		0	
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699. 698) (Line 6 above)	2,105	19	42	2,082	2,082	0	0	0	0	0	

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NOTES TO FINANCIAL STATEMENTS	
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OVERFLOW PAGE FOR WRITE-INS	
1.	Accrued Salaries change period -81462, YTD -32444
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KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1	2
1.	Net Equity	\$	632,321
2.	Add: Subordinated Debt	\$	0
3.	Less: Receivables from officers, directors, and affiliates	\$	0
4.	Intangibles	\$	0
5.	Tangible Net Equity (TNE)	\$	632,321
6.	Required Tangible Net Equity (See Below)	\$	50,000
7.	TNE Excess (Deficiency)	\$	582,321
		Full Service Plans	Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement \$ 50,000
B. REVENUES:			
8.	2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue \$ 42,217
	Plus		Plus
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million \$
10.	Total	\$ 0	Total \$ 42,217
C. HEALTHCARE EXPENDITURES:			
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis. \$ 2,709
	Plus		Plus
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis. \$
	Plus		Plus
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis. \$
14.	Total	\$ 0	Total \$ 2,709
15.	Required "TNE" - Greater of "A" "B" or "C" \$		Required "TNE" - Greater of "A" "B" or "C" \$ 50,000

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1
1. Net Equity	\$ 632,321
2. Add: Subordinated Debt	\$
3. Less: Receivables from officers, directors, and affiliates	\$
4. Intangibles	\$
5. Tangible Net Equity (TNE)	\$ 632,321
6. Required Tangible Net Equity (From Line 18 below)	\$
7. TNE Excess (Deficiency)	\$ 632,321
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:	
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):	
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$
10. Add lines 8 and 9	\$ 0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):	
<u>PART A</u>	
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$
13. Add lines 11 and 12	\$ 0

STATEMENT AS OF 2-29-2004 OF 933-0308 California Benefits Dental Plan

POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

STATEMENT AS OF 2-29-2004 OF 933-0308 California Benefits Dental Plan

STATEMENT AS OF 2-29-2004 OF 933-0308 California Benefits Dental Plan

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